

FORM PTO-1083

**PATENT**  
Docket: PD-0294 DIV  
Date: May 5, 2004

In re the application of: Alfred E. Mann et al.

Serial No.: 10/062,888

Filed: January 31, 2002

For: **EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR  
AND/OR VIBRATION ALARM CAPABILITIES**

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office Fax No. (703) 872-9306:

May 5, 2004 Paul H. Kovelman 35,228  
Date of facsimile Applicant, Assignee, or Registered Re. Signature Date

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**ASSISTANT COMMISSIONER FOR PATENTS**  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application;

The fee has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                             | (Col. 3)         | SMALL ENTITY |               |    | OTHER THAN A<br>SMALL ENTITY |               |
|---|---|--------------------------------------|------------------|--------------|---------------|----|------------------------------|---------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT.<br>FEE | OR | RATE                         | ADDIT.<br>FEE |
| TOTAL   | 21  | MINUS 40                             | = -0-            | x 9          | \$            | OR | x 18                         | \$-0-         |
| INDEP CLAIMS                                  | 1   | MINUS 4                              | = -0-            | x 39         | \$            | OR | x 78                         | \$-0-         |
| [ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                      |                  | +135         | \$            | OR | +270                         | \$            |
|   |   |                                      |                  | TOTAL        | \$            | OR | TOTAL                        | \$-0-         |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

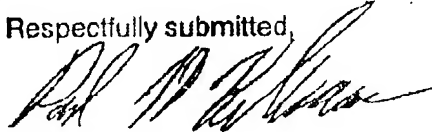
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The  
"Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on  
Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated  
with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of  
this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



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Via Facsimile to (703) 872-9306 -- 14 pages including transmittal

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